



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

| FILE NUMBER | | | | | |
|--|--|---|--|---|--|
| 1. IS THIS AN AMENDMENT? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please enter the file number in this box → | | | | | |
| SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. | | | | | |
| 2. Last Name Eldridge | | First Name Myla | | Middle Name Anne | |
| 3. Type of Committee (Check one) <input type="checkbox"/> Candidate's Principal Committee <input checked="" type="checkbox"/> Exploratory Committee | | | | | |
| 4. Mailing Address 2017 W 63rd Street | | 5. FAX (Optional) () | | 6. E-mail Address (Optional) mylaeldridge401@yahoo.com | |
| 7. City Indpls | | State IN | | 8. County Marion | |
| 9. Telephone (Day) (317) 840-3471 | | 10. Telephone (Evening) (317) 840-3471 | | | |
| 11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other | | | | | |
| 12. Office Sought (Include district number, if any. Not required for an exploratory committee.) | | | | | |
| SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible. | | | | | |
| 13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Myla E. for Democracy | | | | | |
| 14. Mailing Address <input type="checkbox"/> Check if this is a new address 2017 W 63rd St | | 15. FAX (Optional) () | | 16. E-mail Address (Optional) | |
| 17. City Indpls | | State IN | | 18. County Marion | |
| 19. Telephone (317) 840-3471 | | 20. Committee Organization Date (MM-DD-YY) 03/03/2011 | | | |
| 21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Myla A. Eldridge | | | | | |
| 22. Mailing Address <input type="checkbox"/> Check if this is a new address 2017 W 63rd St | | 23. FAX (Optional) () | | 24. E-mail Address (Optional) | |
| 25. City Indpls | | State IN | | 26. County Marion | |
| 27. Telephone (Day) (317) 840-3471 | | 28. Telephone (Evening) (317) 840-3471 | | | |
| 29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Woodforest National Bank | | | | | |
| 30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) Research - Political | | | | | |
| 31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | | |
| SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14) | | | | | |
| 32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. | | Person Appointed Treasurer Desmond McKissick | | Signature of the Committee Chairperson Myla Eldridge | |
| 33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Desmond McKissick | | | | | |
| 34. Mailing Address <input type="checkbox"/> Check if this is a new address 12151 Whitebark Drive | | 35. FAX (Optional) () | | 36. E-mail Address (Optional) | |
| 37. City Indpls | | State IN | | 38. County Marion | |
| 39. Telephone (Day) (317) 506-2307 | | 40. Telephone (Evening) (317) 506-2307 | | | |
| SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15) | | | | | |
| 41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7). | | | | Signature of Person Accepting Appointment Desmond McKissick | |
| SECTION E. CERTIFICATION OF STATEMENT | | | | | |
| We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete. | | | | | |
| 42. Typed or Printed Name of Chairperson Myla Eldridge | | Signature of Chairperson Myla Eldridge | | Date (MM-DD-YY) 3/3/2011 | |
| 43. Typed or Printed Name of Candidate | | Signature of Candidate | | Date (MM-DD-YY) | |
| Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18). | | | | | |

FOR OFFICE USE ONLY

Elizabeth A. White

MAR 03 2011

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